

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Adair County 1204 Grrensbureg St. Columbia, KY 42728		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$177,958.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$139,429.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

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Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Anchorage Independent 11400 Ridge Rd. Anchorage, KY 40223 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$7,782.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		
5	Award Amount: \$106,606.00		
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

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Award Notification**

1	Name and Address of Recipient:	Agency Name Street Address City, State Zip	Ashland Independent 1720 Hickman St. Ashland, KY 41105	7	Fund Type:	<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request	<input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year:	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	9	Reimbursement Frequency:	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.			10	Financial Reporting Method:	<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$197,860.00			11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.	
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.					
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals			Date: July 22, 2013		

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1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Augusta Independent 307 Bracken St. Augusta, KY 41002 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$14,657.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

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1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Ballard County 3465 Paducah Rd. Barlow, KY 42024 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$60,974.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

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Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Barbourville Independent 140 School St. Barbourville, KY 40906 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$46,989.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Bardstown Independent 308 N 5th St. Bardstown, KY 40004		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$85,336.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

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1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Barren County 202 W Washington St. Glasgow, KY 42141 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$175,696.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Bath County 405 W Main St. Owingsville, KY 40360		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$123,714.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Beechwood Independent 50 Beechwood Rd. Ft. Mitchell, KY 41017		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
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	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$18,711.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

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1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Bell County 211 Virginia Ave. Pineville, KY 40977		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$268,673.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Agency Name</div> <div style="width: 45%;">Bellevue Independent</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 45%;">219 Center St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, State Zip</div> <div style="width: 45%;">Bellevue, KY 41073</div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Program Consultant – Phone #</div> <div style="width: 45%;">Jennifer Baker, 502-564-1479 Ext. 4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 45%;">8th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Budget Contact – Phone #</div> <div style="width: 45%;">Tracy Billingsley, 502-564-1979 Ext. 4344</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 45%;">16th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, KY Zip</div> <div style="width: 45%;">Frankfort, KY 40601</div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Description</div> <div style="width: 45%;">FY2014 Title II, Part A Improving Teacher Quality</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Fund Source</div> <div style="width: 45%;">US Department of Education</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">CFDA#</div> <div style="width: 45%;">84.367A</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">MUNIS Project Number</div> <div style="width: 45%;">4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Master Agreement Number</div> <div style="width: 45%;">N/A</div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$37,023.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Berea Independent 3 Pirate Pkwy Berea, KY 40403		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$44,308.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Boone County 8330 US 42 Florence, KY 41042		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$386,475.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Bourbon County 3343 Lexington Rd Paris, KY 40361		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$99,680.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bowling Green Independent Street Address 1211 Center St City, State Zip Bowling Green, KY 42101	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$202,701.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Boyd County Street Address 1104 Bob McCullough Dr. City, State Zip Ashland, KY 41102	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$172,172.00		11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)			
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.			
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$99,605.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Bracken County Street Address 348 W Miami St. City, State Zip Brooksville, KY 41004	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$59,380.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Breathitt County 420 Court St. Jackson, KY 41339		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$234,448.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$151,822.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Bullitt County 1040 Hwy. 44 E. Shepherdsville, KY 40165		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$391,750.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Burgin Independent 140 Danville Rd. Burgin, KY 40310		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$12,211.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$123,554.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Caldwell County 612 W. Washington St. Princeton, KY 42445		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$115,935.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Calloway County 2110 College Farm Rd. Murray, KY 42071		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$140,229.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$110,120.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Campbellsville Independent 136 S. Columbia Ave. Campbellsville, KY 42718 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$98,404.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$42,847.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Carroll County 813 Hawkins St. Carrollton, KY 41008		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$97,247.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$327,860.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$166,732.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Agency Name</div> <div>Caverna Independent</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>1102 N. Dixie Hwy.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>City, State Zip</div> <div>Cave City, KY 42127</div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Program Consultant – Phone #</div> <div>Jennifer Baker, 502-564-1479 Ext. 4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>8th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Budget Contact – Phone #</div> <div>Tracy Billingsley, 502-564-1979 Ext. 4344</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>16th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>City, KY Zip</div> <div>Frankfort, KY 40601</div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Description</div> <div>FY2014 Title II, Part A Improving Teacher Quality</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Fund Source</div> <div>US Department of Education</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CFDA#</div> <div>84.367A</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MUNIS Project Number</div> <div>4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Master Agreement Number</div> <div>N/A</div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$56,694.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Christian County 200 Glass St. Hopkinsville, KY 42240		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$566,264.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Clark County 1600 W. Lexington Ave. Winchester, KY 40391		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$252,054.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Clay County Street Address 128 Richmond Rd. City, State Zip Manchester, KY 40962	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$399,275.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$127,981.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$16,552.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Agency Name</div> <div>Corbin Independent</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div>108 Roy Kidd Ave.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, State Zip</div> <div>Corbin, KY 40701</div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Program Consultant – Phone #</div> <div>Jennifer Baker, 502-564-1479 Ext. 4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div>8th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Budget Contact – Phone #</div> <div>Tracy Billingsley, 502-564-1979 Ext. 4344</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div>16th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, KY Zip</div> <div>Frankfort, KY 40601</div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Description</div> <div>FY2014 Title II, Part A Improving Teacher Quality</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Fund Source</div> <div>US Department of Education</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">CFDA#</div> <div>84.367A</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">MUNIS Project Number</div> <div>4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Master Agreement Number</div> <div>N/A</div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$118,974.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Covington Independent 25 E. Seventh St. Covington, KY 41011 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$417,825.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$88,558.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Cumberland County 810 N. Mian St. Burkesville, KY 42717 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$82,923.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Danville Independent 152 E. Martin Luther King Blvd. Danville, KY 40422 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$97,828.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Davieess County 1622 Southeastern Pkwy. Owensboro, KY 42304 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$365,803.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Dawson Springs Independent 118 E Arcadia Ave. Dawson Springs, KY 42408 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$26,115.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Dayton Independent Street Address 200 Clay St. City, State Zip Dayton, KY 41074	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$73,874.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name East Bernstadt Independent Street Address 296 E. Hwy 30 City, State Zip East Bernstadt, KY 40729	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$26,131.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$114,062.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Elizabethtown Independent 219 Helm St. Elizabethtown, KY 42701 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$87,585.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$95,973.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	Agency Name Street Address City, State Zip	Eminence Independent 254 W. Broadway Eminence, KY 40019	7	Fund Type:	<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request	<input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year:	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	9	Reimbursement Frequency:	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.			10	Financial Reporting Method:	<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$30,564.00			11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.	
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)					
12	Consortia/Partnership Members: N/A					
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.					
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals			Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name	Erlanger-Elsmere Independent		<input type="checkbox"/> State
	Street Address	500 Graves Ave.		<input checked="" type="checkbox"/> Federal
	City, State Zip	Erlanger, KY 41018		<input type="checkbox"/> Other:
2	KDE Contact Information:		8	<input checked="" type="checkbox"/> Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014		<input type="checkbox"/> Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.		<input type="checkbox"/> Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344		<input type="checkbox"/> Lump Sum
	Street Address	16 th Floor, 500 Mero St.		<input type="checkbox"/> Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:		9	Reimbursement Frequency:
	Description	FY2014 Title II, Part A Improving Teacher Quality		<input checked="" type="checkbox"/> Monthly
	Fund Source	US Department of Education		<input type="checkbox"/> Quarterly
	CFDA#	84.367A		<input type="checkbox"/> Other _____
	MUNIS Project Number	4014		
	Master Agreement Number	N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports
				<input type="checkbox"/> Other
5	Award Amount: \$80,615.00		11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)			
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.			
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Estill County Street Address 253 Main St. City, State Zip Irvine, KY 40336	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$183,269.00		11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)			
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.			
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name	Fairview Independent		<input type="checkbox"/> State	
	Street Address	2201 Main St.		<input checked="" type="checkbox"/> Federal	
	City, State Zip	Ashland, KY 41102		<input type="checkbox"/> Other:	
2	KDE Contact Information:		8	<input checked="" type="checkbox"/> Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014		<input type="checkbox"/> Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.		<input type="checkbox"/> Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344		<input type="checkbox"/> Lump Sum	
	Street Address	16 th Floor, 500 Mero St.		<input type="checkbox"/> Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
3	Description/Fund Source of Award and Fiscal Year:		9	Reimbursement Frequency:	
	Description	FY2014 Title II, Part A Improving Teacher Quality		<input checked="" type="checkbox"/> Monthly	
	Fund Source	US Department of Education		<input type="checkbox"/> Quarterly	
	CFDA#	84.367A		<input type="checkbox"/> Other _____	
	MUNIS Project Number	4014			
	Master Agreement Number	N/A	10	Financial Reporting Method:	
				<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports	
				<input type="checkbox"/> Other	
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.				
5	Award Amount: \$23,377.00		11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.	
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.				
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$1,420,434.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$141,429.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Floyd County 106 N. Front Ave. Prestonsburg, KY 41653		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$603,934.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$62,402.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Frankfort Independent Street Address 506 W. Second St., Suite 2 City, State Zip Frankfort, KY 40601	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$64,989.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Agency Name</div> <div style="width: 45%;">Franklin County</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 45%;">916 E. Main St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, State Zip</div> <div style="width: 45%;">Frankfort, KY 40601</div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Program Consultant – Phone #</div> <div style="width: 45%;">Jennifer Baker, 502-564-1479 Ext. 4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 45%;">8th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Budget Contact – Phone #</div> <div style="width: 45%;">Tracy Billingsley, 502-564-1979 Ext. 4344</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 45%;">16th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, KY Zip</div> <div style="width: 45%;">Frankfort, KY 40601</div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Description</div> <div style="width: 45%;">FY2014 Title II, Part A Improving Teacher Quality</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Fund Source</div> <div style="width: 45%;">US Department of Education</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">CFDA#</div> <div style="width: 45%;">84.367A</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">MUNIS Project Number</div> <div style="width: 45%;">4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Master Agreement Number</div> <div style="width: 45%;">N/A</div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$226,492.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$60,319.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		
5	Award Amount: \$38,573.00		11
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Gallatin County 75 Boardwalk Warsaw, KY 41095		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$74,110.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$114,406.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$113,928.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Grant County 820 Arnie Risen Blvd. Williamstown, KY 41097 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$157,000.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Graves County 2290 State Route 121 N. Mayfield, KY 42066		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$186,547.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Grayson County 909 Brandenburg Rd. Leitchfield, KY 42754 </div> </div>		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$251,628.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="display: flex; justify-content: space-between;"> <div>Division of Next Generation Professionals</div> <div>Date: July 22, 2013</div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Green County 402 East Hodgenville Ave. Greensburg, KY 42743		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$95,252.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Greenup County 45 Musketeer Dr. Greenup, KY 41144 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$199,338.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Hancock County 83 State Rt. 3543 Hawesville, KY 42348 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$71,805.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="display: flex; justify-content: space-between;"> <div>Division of Next Generation Professionals</div> <div>Date: July 22, 2013</div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Hardin County Street Address 65 W.A. Jenkins Rd. City, State Zip Elizabethtown, KY 42701	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$514,798.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$460,854.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$49,885.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$142,915.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Hart County 25 Quality St. Munfordville, KY 42765		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$168,030.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Hazard Independent 705 Main St Hazard, KY 41701 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$66,164.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Henderson County 1805 Second St. Henderson, KY 42420		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$330,825.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$97,117.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Hickman County 416 Waterfield Dr. Clinton, KY 42031 </div> </div>		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$45,394.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="display: flex; justify-content: space-between;"> <div>Division of Next Generation Professionals</div> <div>Date: July 22, 2013</div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$380,810.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Jackson County Hwy 421, PO Box 217 McKee, KY 40447 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$208,304.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Jackson Independent 940 Highland Ave. Jackson, KY 41339 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$21,109.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$4,562,682.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Jenkins Independent Street Address 269 Old Hwy 3086 City, State Zip Jenkins, KY 41537	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$52,469.00		11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)			
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.			
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$279,827.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$271,554.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Kenton County Street Address 1055 Eaton Dr. City, State Zip Fort Wright, KY 41017	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$364,473.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$265,875.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Knox County 200 Dainel Boone Dr. Barbourville, KY 40906		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$440,946.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> LaRue County 208 College St Hodgenville, KY 42748 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$113,890.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Laurel County 718 N. Main St. London, KY 40741 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$535,711.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Lawrence County 50 Bulldog Lane Louisia, KY 41230		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$221,267.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$125,058.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$207,391.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Letcher County 244 Parks St. Whitesburg, KY 41858		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$287,723.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$183,915.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Lincoln County 305 Danville Ave. Stanford, KY 40484		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$250,753.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Livingston County 127 E. Adair St. Smithland, KY 42081		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$69,617.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Logan County 2222 Bowling Green Rd. Russellville, KY 42276		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$154,425.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Ludlow Independent 525 Elm St. Ludlow, KY 41016		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$43,454.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Lyon County 217 Jenkins Rd. Eddyville, KY 42038 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$42,363.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;"> (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015) </div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name	Madison County		<input type="checkbox"/> State
	Street Address	550 S. Keeneland Dr.		<input checked="" type="checkbox"/> Federal
	City, State Zip	Richmond, KY 40475		<input type="checkbox"/> Other:
2	KDE Contact Information:		8	<input checked="" type="checkbox"/> Federal Cash Request
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014		<input type="checkbox"/> Expenditure Reimbursement
	Street Address	8 th Floor, 500 Mero St.		<input type="checkbox"/> Automatic Payment
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344		<input type="checkbox"/> Lump Sum
	Street Address	16 th Floor, 500 Mero St.		<input type="checkbox"/> Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:		9	Reimbursement Frequency:
	Description	FY2014 Title II, Part A Improving Teacher Quality		<input checked="" type="checkbox"/> Monthly
	Fund Source	US Department of Education		<input type="checkbox"/> Quarterly
	CFDA#	84.367A		<input type="checkbox"/> Other _____
	MUNIS Project Number	4014		
	Master Agreement Number	N/A	10	Financial Reporting Method:
				<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports
				<input type="checkbox"/> Other
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.			
5	Award Amount: \$447,327.00		11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)			
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.			
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$243,565.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Marion County Street Address 755 E. Main St. City, State Zip Lebanon, KY 40033	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$167,097.00		11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)			
12	Consortia/Partnership Members: N/A			
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.			
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013	

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$191,734.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$204,839.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$159,864.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Mayfield Independent 914 E. College St. Mayfield, KY 42066		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$95,484.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Agency Name</div> <div>McCracken County</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>435 Berger Rd.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>City, State Zip</div> <div>Paducah, KY 42001</div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Program Consultant – Phone #</div> <div>Jennifer Baker, 502-564-1479 Ext. 4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>8th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Budget Contact – Phone #</div> <div>Tracy Billingsley, 502-564-1979 Ext. 4344</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>16th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div>City, KY Zip</div> <div>Frankfort, KY 40601</div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Description</div> <div>FY2014 Title II, Part A Improving Teacher Quality</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Fund Source</div> <div>US Department of Education</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CFDA#</div> <div>84.367A</div> </div> <div style="display: flex; justify-content: space-between;"> <div>MUNIS Project Number</div> <div>4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Master Agreement Number</div> <div>N/A</div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$238,949.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> McCreary County 120 Raider Way Sterns, KY 42647 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$314,198.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$81,522.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$198,470.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Menifee County 202 Back St. Franchburg, KY 40322		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$82,647.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Street Address City, State Zip	Mercer County 371 e. Lexington St. Harrodsburg, KY 40330	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	
2 KDE Contact Information: Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	8 <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
3 Description/Fund Source of Award and Fiscal Year: Description Fund Source CFDA# MUNIS Project Number Master Agreement Number	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
4 Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other		
5 Award Amount: \$147,297.00	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.		
6 Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)			
12 Consortia/Partnership Members: N/A			
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.			
14 Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals			
Date: July 22, 2013			

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Metcalfe County Street Address 109 Sartin Dr. City, State Zip Edmonton, KY 42129	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$113,518.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Middlesboro Independent 220 N. 20th St. Middlesboro, KY 40965 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$117,422.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Monroe County Street Address 309 Emberton St. City, State Zip Tompkinsville, KY 42167	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$123,993.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Montgomery County 700 Woodford Dr. Mt. Sterling, KY 40353 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$205,346.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$189,958.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$289,295.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$62,091.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$193,725.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Agency Name</div> <div style="width: 45%;">Newport Independent</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 45%;">301 E. Eight St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, State Zip</div> <div style="width: 45%;">Newport, KY 41071</div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Program Consultant – Phone #</div> <div style="width: 45%;">Jennifer Baker, 502-564-1479 Ext. 4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 45%;">8th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Budget Contact – Phone #</div> <div style="width: 45%;">Tracy Billingsley, 502-564-1979 Ext. 4344</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 45%;">16th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, KY Zip</div> <div style="width: 45%;">Frankfort, KY 40601</div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Description</div> <div style="width: 45%;">FY2014 Title II, Part A Improving Teacher Quality</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Fund Source</div> <div style="width: 45%;">US Department of Education</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">CFDA#</div> <div style="width: 45%;">84.367A</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">MUNIS Project Number</div> <div style="width: 45%;">4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Master Agreement Number</div> <div style="width: 45%;">N/A</div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$240,440.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$75,339.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Ohio County Street Address 315 E. Union St. City, State Zip Hartford, KY 42347	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$229,453.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	Agency Name Oldham County Street Address 6165 W. Highway 146 City, State Zip Crestwood, KY 40014	7	Fund Type:	<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
3	Description/Fund Source of Award and Fiscal Year:	Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency:	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		10	Financial Reporting Method:	<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$212,698.00		11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.	
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.				
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$105,589.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$320,983.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Owsley County Corner Court & Main, Rt. 3 Booneville, KY 41314 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$103,482.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Paducah Independent 800 Caldwell St. Paducah, KY 42003		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$259,712.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Paintsville Independent Street Address 305 Second St. City, State Zip Paintsville, KY 41240	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$37,918.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$59,911.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$128,324.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Perry County 315 Park Ave. Hazard, KY 41701		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$363,513.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Pike County 316 S. Mayo Tr. Pikeville, KY 41501 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$714,539.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;"> (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015) </div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Agency Name</div> <div style="width: 55%;">Pikeville Independent</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 55%;">148 Second St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, State Zip</div> <div style="width: 55%;">Pikeville, KY 41501</div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Program Consultant – Phone #</div> <div style="width: 55%;">Jennifer Baker, 502-564-1479 Ext. 4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 55%;">8th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Budget Contact – Phone #</div> <div style="width: 55%;">Tracy Billingsley, 502-564-1979 Ext. 4344</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Street Address</div> <div style="width: 55%;">16th Floor, 500 Mero St.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">City, KY Zip</div> <div style="width: 55%;">Frankfort, KY 40601</div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Description</div> <div style="width: 55%;">FY2014 Title II, Part A Improving Teacher Quality</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Fund Source</div> <div style="width: 55%;">US Department of Education</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">CFDA#</div> <div style="width: 55%;">84.367A</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">MUNIS Project Number</div> <div style="width: 55%;">4014</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Master Agreement Number</div> <div style="width: 55%;">N/A</div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$83,679.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1 Name and Address of Recipient: Agency Name Pineville Independent Street Address 401 Virginia Ave. City, State Zip Pineville, KY 40977	7 Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	
2 KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8 <input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor	
3 Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9 Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
	10 Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other	
4 Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		
5 Award Amount: \$43,134.00	11 Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.	
6 Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12 Consortia/Partnership Members: N/A		
13 Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14 Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Powell County 691 Breackinridge St. Stanton, KY 40380 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$170,336.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Pulaski County 501 E University Dr. Somerset, KY 42502		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$442,360.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name	Raceland Independent		<input type="checkbox"/> State	
	Street Address	600 Ram Blvd.		<input checked="" type="checkbox"/> Federal	
	City, State Zip	Raceland, KY 41169		<input type="checkbox"/> Other:	
2	KDE Contact Information:		8	<input checked="" type="checkbox"/> Federal Cash Request	
	Program Consultant – Phone #	Jennifer Baker, 502-564-1479 Ext. 4014		<input type="checkbox"/> Expenditure Reimbursement	
	Street Address	8 th Floor, 500 Mero St.		<input type="checkbox"/> Automatic Payment	
	Budget Contact – Phone #	Tracy Billingsley, 502-564-1979 Ext. 4344		<input type="checkbox"/> Lump Sum	
	Street Address	16 th Floor, 500 Mero St.		<input type="checkbox"/> Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
3	Description/Fund Source of Award and Fiscal Year:		9	Reimbursement Frequency:	
	Description	FY2014 Title II, Part A Improving Teacher Quality		<input checked="" type="checkbox"/> Monthly	
	Fund Source	US Department of Education		<input type="checkbox"/> Quarterly	
	CFDA#	84.367A		<input type="checkbox"/> Other _____	
	MUNIS Project Number	4014			
	Master Agreement Number	N/A			
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		10	Financial Reporting Method:	
				<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports	
				<input type="checkbox"/> Other	
5	Award Amount: \$36,805.00		11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.	
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)				
12	Consortia/Partnership Members: N/A				
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.				
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Robertson County Main St., PO Box 108 Mr. Olivert, KY 41064 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$23,223.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		
5	Award Amount: \$195,987.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Rowan County 121 E. Second St. Morehead, KY 40351		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$186,547.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$173,550.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$80,876.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Russellville Independent 355 S. Summer St. Russellville, KY 42276 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$54,838.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$12,232.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$238,508.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Shelby County Street Address 1155 West Main St. City, State Zip Shelbyville, KY 40066	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$193,794.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: Agency Name Silver Grove Independent Street Address 108 W. Third St. City, State Zip Silver Grove, KY 41085	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: Program Consultant – Phone # Jennifer Baker, 502-564-1479 Ext. 4014 Street Address 8 th Floor, 500 Mero St. Budget Contact – Phone # Tracy Billingsley, 502-564-1979 Ext. 4344 Street Address 16 th Floor, 500 Mero St. City, KY Zip Frankfort, KY 40601	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: Description FY2014 Title II, Part A Improving Teacher Quality Fund Source US Department of Education CFDA# 84.367A MUNIS Project Number 4014 Master Agreement Number N/A	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$6,666.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Simpson County 430 S. College St. Franklin, KY 42134 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$126,325.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		
5	Award Amount: \$79,270.00		
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Southgate Independent W. Blatt & Evergreen Southgate, KY 41071 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$9,922.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Spencer County 207 West Main St. Taylorsville, KY 40071 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$79,817.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$98,999.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$109,414.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Trigg County 202 Main St. Cadiz, KY 42211 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$96,495.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$67,703.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$129,230.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Walton Verona Independent 16 School Road Walton, KY 41094 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$47,558.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Warren County 303 Lover's Ln. Bowling Green, KY 42102		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$460,299.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Washington County 120 Mackville Hill Rd. Springfield, KY 40069 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$94,763.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		
5	Award Amount: \$268,144 (includes merged amount for former Monticello Ind)	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		
	Date: July 22, 2013		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Webster County 28 State Rt. Dixon, KY 42409 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$110,775.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> West Point Independent 209 N. 13th St. West Point, KY 40177 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$16,301.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Whitley County 300 Main St. Williamsburg, KY 40769		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$338,123.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
	Williamsburg Independent 1000 Main St. Williamsburg, KY 40769		
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601		
3	Description/Fund Source of Award and Fiscal Year:	9	Reimbursement Frequency:
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A		
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method:
			<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$63,935.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director <div style="text-align: right;">Date: July 22, 2013</div> <div style="text-align: center;">Division of Next Generation Professionals</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Williamstown Independent 300 Helton St. Williamstown, KY 41097 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$29,310.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	<div style="display: flex; justify-content: space-between;"> <div> Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals </div> <div> Date: July 22, 2013 </div> </div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient:	7	Fund Type:
	Agency Name Street Address City, State Zip		<input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information:	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
	Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip		
	Jennifer Baker, 502-564-1479 Ext. 4014 8 th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16 th Floor, 500 Mero St. Frankfort, KY 40601	9	Reimbursement Frequency:
3	Description/Fund Source of Award and Fiscal Year:		<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
	Description Fund Source CFDA# MUNIS Project Number Master Agreement Number		
	FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A	10	Financial Reporting Method:
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.		<input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$145,482.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 (All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals <div style="text-align: right;">Date: July 22, 2013</div>		

**Kentucky Department of Education
Award Notification**

1	Name and Address of Recipient: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Agency Name Street Address City, State Zip </div> <div style="width: 45%;"> Woodford County 330 Pigsaw Pk. Versailles, KY 40383 </div> </div>	7	Fund Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:
2	KDE Contact Information: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Program Consultant – Phone # Street Address Budget Contact – Phone # Street Address City, KY Zip </div> <div style="width: 45%;"> Jennifer Baker, 502-564-1479 Ext. 4014 8th Floor, 500 Mero St. Tracy Billingsley, 502-564-1979 Ext. 4344 16th Floor, 500 Mero St. Frankfort, KY 40601 </div> </div>	8	<input checked="" type="checkbox"/> Federal Cash Request <input type="checkbox"/> Expenditure Reimbursement <input type="checkbox"/> Automatic Payment <input type="checkbox"/> Lump Sum <input type="checkbox"/> Receipt of Invoice from Vendor
3	Description/Fund Source of Award and Fiscal Year: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Description Fund Source CFDA# MUNIS Project Number Master Agreement Number </div> <div style="width: 45%;"> FY2014 Title II, Part A Improving Teacher Quality US Department of Education 84.367A 4014 N/A </div> </div>	9	Reimbursement Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____
4	Grant Authority (Source): NCLB, Title II, Part A, EDGAR 34 CFR Parts 76, 77, 79, 80, 81 & 85.	10	Financial Reporting Method: <input checked="" type="checkbox"/> Electronic Submission – Quarterly CDIP Reports <input type="checkbox"/> Other
5	Award Amount: \$125,926.00	11	Evaluations: District must submit a plan to address teacher quality based on a needs assessment conducted by the district. The aforementioned plan will be evaluated annually.
6	Period of Award: July 1, 2013 – September 30, 2015 <div style="background-color: yellow; padding: 2px;">(All funds must be spent or encumbered by September 30, 2015 & requested no later than December 10, 2015)</div>		
12	Consortia/Partnership Members: N/A		
13	Special Instructions/Conditions: The submission of the Teacher Quality Program Budget is required for this program. The submission of a quarterly report via the Comprehensive District Improvement Plan electronic submission (CDIP) is required for this program.		
14	Authorized By (Name/Title): Greg Ross, Director Division of Next Generation Professionals		Date: July 22, 2013